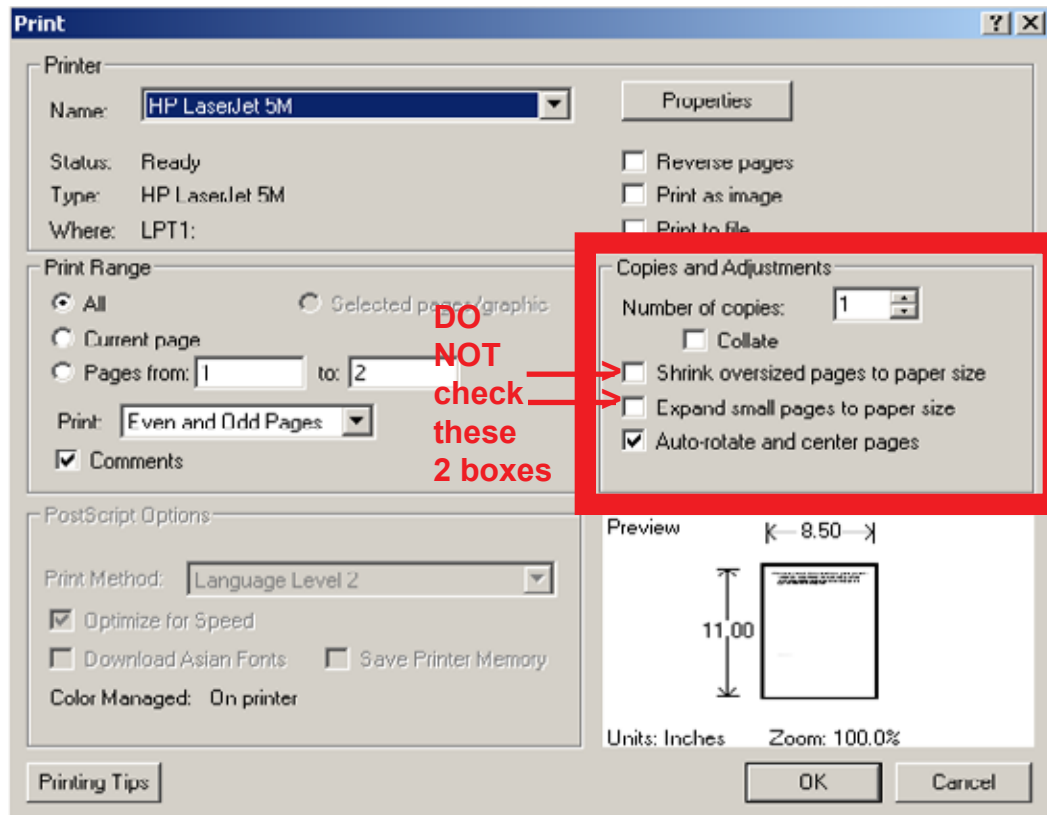


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Dental Hygiene Initial Limited License Application Packet

1. 645-136 Contents List/SSN Information/Deposit Slip 1 page
2. 645-137 WA ST Dental Hygiene Initial Limited Licensure Information/Instructions 2 pages
3. 645-138 Application for Initial Limited Licensure To Practice Dental Hygiene 4 pages
4. 645-115 License Certification..... 1 page
5. 645-117 Dental Hygiene Expanded Functions Education Information 1 page
6. 645-089 List of Dental Hygiene Expanded Functions Education Approval Programs 1 page
7. 645-088 Dental Hygiene ADA Approved Expanded Functions Education Verification..... 1 page
8. DANB Dental Hygiene Law Examination Fact Sheet, Law Exam Application, Application Agreement, and Special Accommodations Form..... 7 pages

B. Important Social Security Number Information:

* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.

* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Dental Hygienist (Initial Limited)

DEPOSIT SLIP

NAME (Please Print)

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return with your application.

\$

☐ Check
☐ Money Order

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Washington State Dental Hygiene Initial Limited Licensure

Information/Instructions

All application fees are non-refundable. Please be aware it takes approximately six (6) weeks for applications to be processed.

Applicants, licensed in other states, are eligible to apply for an **initial limited license** if they meet the following requirements:

1. Must have successfully completed a dental hygiene education program approved by the Secretary of the Department of Health. The Secretary has approved only those dental hygiene programs which were accredited by the American Dental Association's Commission on Dental Accreditation as of January 1993.

— **An official dental hygiene transcript showing degree and date degree was received must be provided to us directly from the school.**

2. Must have successfully completed the Dental Hygiene National Board Examination. Information regarding the National Board Examination may be obtained by writing or calling:

Joint Commission on National
Dental Hygiene Examinations
211 East Chicago Avenue, Suite 1846
Chicago, Illinois 60611
Toll free Telephone Number: 1-800-621-8099

— **National board scores must be provided directly from national board to this office.**

3. Must have been issued a license, registration or certificate to practice dental hygiene, without restrictions, in another state by successful completion of an examination, and the other state must allow a substantially equivalent scope of practice as is listed in a through j. The initial limited license allows for the following scope of practice:

- a. Oral inspection and measuring of periodontal pockets;
- b. Patient education in oral hygiene;
- c. Taking intra-oral and extra-oral radiographs;
- d. Applying topical preventive or prophylactic agents;
- e. Polishing and smoothing restorations;
- f. Oral prophylaxis and removal of deposits and stains from the surface of the teeth;
- g. Recording health histories;
- h. Taking and recording blood pressure and vital signs;
- i. Performing subgingival and supragingival scaling; and
- j. Performing root planing

— **A form is provided for certification of licensure and scope of practice from the applicable state board(s) and should be sent directly to us from the board. This blank form may be duplicated. Sections A-J must be completed by the state.**

4. Must have been actively engaged in the practice of dental hygiene in another state for 560 hours within the previous 24 months in a state that has been approved by the **Washington State Dental Hygiene Program**. As of July 7, 2006, only the states listed on the next page have been approved. If you are coming from a state that is not on the list, you are NOT eligible for an initial limited license. However, if you are interested in having a state reviewed that is not currently on the approved list, please contact Vicki Brown at (360) 236-4865.

The states currently approved are:

Arkansas	New Mexico	Rhode Island
Idaho	North Dakota	South Carolina
Iowa	Oklahoma	West Virginia
Mississippi	Oregon	Wisconsin

_____ **The active practice requirements must be documented on the application form.**

5. Must have completed the AIDS education requirement. The requirement is designated on the enclosed application. Proof of the AIDS education completion should be maintained in your personal files for two years. A list of sources for acquiring the education is enclosed.

_____ **The AIDS education must be verified on the application in the appropriate area.**

6. Have read the law paying special attention given to the sections that are designated on the application.

_____ **The reading of the law must be verified on the application by signature.**

7. Have successfully completed the Washington State drug and law examination with a minimum score of 90 percent (two questions may be missed). The examination includes legend (prescription) drugs and the Dental Hygiene and Dental Practice Acts for the State of Washington. The state drug and law examination will only be offered through the national computerized testing vendor. Examinees will be provided on the computer the regulations necessary to answer each question. Complete the **enclosed application** for Washington State Dental Hygiene drug and law examination and send it to the Dental Assisting National Board (DANB) with the applicable fee. After your exam application has been processed, you will receive a notification letter from DANB informing you that an appointment with Pearson VUE may be scheduled.

If you need to retake the examination, download another DANB examination application (found on our website with the license application) and send it to DANB along with the application fee. The website is:

https://fortress.wa.gov/doh/hpqa1/hps3/Dental_Hygiene/forms.htm.

_____ **Provide one current photograph (2" x 2"—passport size), signed and dated on the front of the photo by applicant.**

_____ **A completed application and a \$100 fee is required.**

Endorsements

Initial limited dental hygiene license applicants are eligible to apply for a local anesthetic and/or restorative endorsement if they meet the following requirements:

1. The accredited dental hygiene education program you have graduated from must have required the student to successfully demonstrate the following:
 - A. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar and PSA and/or;
 - B. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist, carving, contouring, adjusting contacts and occlusions of restorations.

If the dental hygiene program accredited by the American Dental Association does not include the didactic and clinical competency enumerated in A. and/or B. above, the applicant must have successfully completed an expanded functions education program(s) approved by the Secretary of the Department of Health. A list of the approved expanded functions education courses is enclosed.

_____ **The expanded functions education verification form(s) must be provided from (a) the accredited program and/or (b) the secretary approved expanded functions education program, whichever is applicable to your individual education.**

The specifics listed in A. and B. reflect the scope of practice for the local anesthetic and restorative endorsements.

2. In order to be granted an 18-month endorsement on the initial limited license for anesthetic and/or restorative, **the applicant must be licensed in a state which has substantively equivalent licensing standards to Washington State.** The license certification form (enclosed) must be filled out completely by the state(s) where you are and/or have been licensed so we can determine the status of equivalency.

_____ **A copy of the success card(s)/certificate(s) verifying the successful completion of a qualifying examination(s) must be provided.**

3. Once an initial limited license is issued, you will have 18 months to complete the anesthesia portion of the Western Regional Examining Board (WREB), and also a nitrous oxide course.

Fees:

Fees are to be made payable to the Department of Health, in U.S. Funds. All fees are non-refundable. (Check or Money Order Please—no cash)

Initial limited Temporary Dental Hygiene License Fee—\$100 (with or without endorsements)

Initial Limited License Renewal:

The license and endorsement(s) will expire 18 months from the date of initial issue. The applicant can renew a limited license upon:

- A. Demonstration of successful passage of a substantively equivalent dental hygiene patient evaluation/prophylaxis examination (WREB, CRDTS, CRTA);
- B. Demonstration of successful passage of a substantively equivalent local anesthesia examination; and
- C. Demonstration of didactic and clinical competency in the administration of nitrous oxide analgesia.

_____ **A copy of the success card(s)/certificate(s) verifying completion of a qualifying examination(s) must be provided.**

Direct Mail With Money To:

Department of Health
Dental Hygiene Program
P.O. Box 1099
Olympia, WA 98507-1099

Direct Mail Without Money To:

Department of Health
Dental Hygiene Program
P.O. Box 47867
Olympia, WA 98504-7867

Direct Telephone Calls To Customer Service Center: (360) 236-4700

Important Notice:

All application and licensure information is subject to public inspection and copying under Washington State Public Disclosure Law. Recent legislative changes allow applicants and licensees to request their residential address and residential telephone number be exempt from public disclosure. An alternative or business address and telephone number must be provided. A written request must be made to exempt your personal residence or telephone number.

Please Note:

Washington State Law and Department of Health policy prohibits employees from receiving any gifts, gratuities and/or favors. Any offer of private benefit to an employee that is intended to influence a public decision is bribery and violates Federal and State Law.

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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY

CERTIFICATION #:

DATE ISSUED:

Application For Initial Limited Licensure To Practice Dental Hygiene

CERT #

☐ Initial Limited License ☐ Anesthetic Endorsement ☐ Restorative Endorsement

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME		LAST	FIRST	MIDDLE NAME
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
BUSINESS TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS) ()		RESIDENCE TELEPHONE ()		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW) — —
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTHDATE (MONTH/DAY/YEAR) / /		PLACE OF BIRTH (CITY/STATE)
HEIGHT		WEIGHT		EYE COLOR
DENTAL HYGIENE SCHOOL				HAIR COLOR
				YEAR GRADUATED
Approved Dental Hygiene Expanded Functions Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				DATE OF SUCCESSFUL COMPLETION

2. Previous Licensure

List all states where all licenses are or were held. (Previous credential to include license, certification or registration.) Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current.

STATE OR OTHER JURISDICTION	PROFESSION	CERTIFICATE		PERMANENT OR TEMPORARY	LICENSE RECEIVED BY		CURRENTLY IN FORCE
		YR ISSUED	NUMBER		EXAMINATION	OTHER	
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the ongoing treatment, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.

“Chemical substances” includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.

“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐

b. a charge of a sex offense?..... ☐ ☐

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐

b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐

c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

4. Professional Training and Experience

List in chronological order the professional education (including pre-dental hygiene) received for a degree in dental hygiene. List dental hygiene work experience from date of graduation to present. **All periods of time from graduation date to present must be listed whether or not engaged in activities related to the practice of dental hygiene.** Continuing education courses do not need to be listed.

I certify that I hold an active license and have worked in an approved state within the last year and have worked at least **560** hours as a dental hygienist within the previous **2** years.

APPLICANT'S INITIALS	DATE
----------------------	------

[illegible]

5. AIDS Education and Training Attestation

☐ School Curriculum

☐ Continuing Education

I certify I have completed the minimum of 7 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS

DATE

6. Applicant's Attestation

I, _____, certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information, files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Signature of Applicant

Date

Attach Current Photograph Here.
**Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.**

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs
not acceptable

Official Use Only
Washington State Records Center



License Certification

This document must be completed by every state in which you hold or have ever held a dental hygiene license.

I, _____, Secretary of _____
hereby certify that _____ was granted State Certificate Number _____
to practice _____ in the State of _____
on the _____ day of _____, 20____ on the basis of successfully passing the _____
_____ examination.

Status of License ☐ Current Expiration Date _____
 ☐ Expired Date _____

Type of license issued ☐ Full ☐ Limited ☐ Conditional (If so, please explain) _____

Legal/Disciplinary Action (if any) ☐ Yes ☐ No If "Yes", explain _____

As of July 7, 2006, only the following states are currently approved by the Washington State Dental Hygiene Program to have a substantively equivalent scope of practice:

Arkansas	Mississippi	Oklahoma	South Carolina
Idaho	New Mexico	Oregon	West Virginia
Iowa	North Dakota	Rhode Island	Wisconsin

The state of _____ allows the following scope of dental hygiene practice:

YES	NO	
_____	_____	(a) Oral inspection and measuring of periodontal pockets;
_____	_____	(b) Patient education in oral hygiene;
_____	_____	(c) Taking intra-oral and extra-oral radiographs;
_____	_____	(d) Applying topical preventive or prophylactic agents;
_____	_____	(e) Polishing and smoothing restorations;
_____	_____	(f) Oral prophylaxis and removal of deposits from the surface of the teeth;
_____	_____	(g) Recording health histories;
_____	_____	(h) Taking and recording blood pressure and vital signs;
_____	_____	(i) Performing subgingival and supragingival scaling; and
_____	_____	(j) Performing root planing.

I further certify this information is true and correct to the best of our knowledge.

Acting in behalf of the _____
OFFICIAL NAME OF BOARD

Return to: Department of Health
 Dental Hygiene Program
 P.O. Box 47867
 Olympia, Washington 98504-7867

SEAL

SECRETARY

DATE CERTIFICATION PREPARED

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Dental Hygiene Expanded Functions Education Information

Applicants interested in taking **approved** expanded function courses in preparation for Washington State Dental Hygiene Licensure, may contact the schools listed below for courses which may include **local anesthetic, nitrous oxide/oxygen analgesia and restorative dentistry**.

Pierce College
Tacoma, WA

Contact Colleen Vadheim (253) 964-6529
Spring Course (March—Anesthetic and Nitrous Oxide ONLY)
Summer Course (August—Anesthetic and Nitrous Oxide)

Clark College
Vancouver, WA

Contact Verna Goll (360) 992-2743 or Donna Whitmeyer (360) 992-2476
Summer Course ONLY (Anesthetic, Nitrous Oxide and Restorative)

Lake Washington
Technical College
Kirkland, WA

Contact the Business Training Center (BTC) at (425) 739-8112 or e-mail btc@lwtc.edu. You may also contact the Dental Hygiene Department: Maryellen Young, Director, at (425) 739-8403
Spring (April) (Anesthetic)
Summer (TBD) (Anesthetic)

Phoenix College
Phoenix, AZ

Contact Nan Reif, Director, Center for Health Professions (602) 285-7331
Classes available in May and in the Fall (Anesthetic and Nitrous Oxide ONLY)

Restorative Refresher Courses ONLY

Clark College
Vancouver, WA

Contact Karla Sylvester (360) 992-2435 or (360) 992-2743
Classes available three times a year

Aids Education Information

Following are possible contacts for information on available AIDS Education Classes for dental hygienists:

Class

Clark College
Workforce Development and Continuing Education
1800 East McLoughlin Blvd., Mail Stop: 6
Vancouver, Washington 98663
(360) 992-2939

Other Sources

InfoNet
Red Cross
Local Fire Department
www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/training.htm

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Dental Hygiene Expanded Functions Education Verification for American Dental Association Accredited Dental Hygiene Programs

1. _____ graduated on _____
NAME MONTH/DAY/YEAR
from _____ *Dental Hygiene Program, which is accredited by*
NAME OF PROGRAM
the American Dental Association Commission on Dental Accreditation for dental hygiene.

2. The accredited dental hygiene program named above required this student to successfully demonstrate the following: (Please check answers applicable to this student.)

Please note clinical competency means on live patients.

Yes No

- ☐ ☐ a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar and PSA;
- ☐ ☐ b. Didactic and clinical competency in the administration of nitrous oxide analgesia;
- ☐ ☐ c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and
- ☐ ☐ d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.

NAME OF DENTAL HYGIENE ADA ACCREDITED PROGRAM DIRECTOR
(PLEASE PRINT OR TYPE)

SIGNATURE OF DENTAL HYGIENE ADA ACCREDITED PROGRAM DIRECTOR

(SEAL)

Subscribed and sworn to before me this _____

day of _____ 20 _____

NOTARY IN AND FOR THE STATE

of _____

Residing at _____

My commission expires _____

(This page intentionally left blank.)



Dental Hygiene Secretary Approved Expanded Functions Education Verification

_____ has successfully demonstrated the following at
NAME

_____, which is a dental hygiene expanded functions
NAME OF PROGRAM

education program approved by the Secretary of the Department of Health.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar and PSA; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Didactic and clinical competency in the administration of nitrous oxide analgesia; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations. |

NAME OF DENTAL HYGIENE EXPANDED FUNCTIONS PROGRAM DIRECTOR
(PLEASE PRINT OR TYPE)

SIGNATURE OF DENTAL HYGIENE EXPANDED FUNCTIONS PROGRAM DIRECTOR

(SEAL)

Subscribed and sworn to before me this _____

day of _____ 20 _____

NOTARY IN AND FOR THE STATE

of _____

Residing at _____

My commission expires _____

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Washington State Dental Hygiene Drug and Law Exam

2006 Fact Sheet and Exam Application

APPLICATION AND EXAM FEES VALID THROUGH MARCH 31, 2007

This fact sheet provides information concerning the Washington State Dental Hygiene Drug and Law Exam required for Dental Hygienist licensure in the State of Washington.

The Washington State Dental Hygiene Drug and Law Exams are administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the Washington State Department of Health. This exam consists of 20 items covering the Washington State Dental Hygiene Practice Act, Dental Quality Assurance Regulations for the State of Washington, and legend (Prescription) drugs.

Exams are administered in a computerized format at any of the national testing centers contracted by DANB. Candidates are given 45 minutes to complete the 20-item exam. Pertinent sections of the Act, Regulations, and prescription drug references appear on screen adjacent to each test question.

The following links to Washington State websites are included as reference points for candidates who wish to prepare for the Washington State Dental Hygiene Drug and Law Exam:

Dental Hygiene Law in the state of Washington:

<http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=18.29>

Dental Hygiene Rules in the state of Washington:

<http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=246-815>

Washington State Department of Health:

<http://www.doh.wa.gov/>

Washington State Dental Hygiene Examining Committee:

https://fortress.wa.gov/doh/hpqa1/hps3/Dental_Hygiene/default.htm

Table of Contents

Page		Page	
1-5	Exam Information	4	I. Testing Candidates with Disabilities
1	A. Exam Application, Candidate Notification, and Scheduling	4	J. Hand Scoring/Appeals
2	B. Testing Centers	4	K. Retest Policy
2	C. Exam Fee	5	L. Contacting DANB
2	D. Payment and Refund Policies	6-9	Application Information
2-3	E. Rescheduling and Cancellation Policies	6	Application Agreement
3	F. Exam Expectations	7	Exam Application
3-4	G. Improper Behavior	8	Exam Checklist
4	H. Nondiscrimination Policy	9	Special Accommodations Request Form

A. Exam Application, Candidate Notification, and Scheduling

An exam application for the **Washington State Dental Hygiene Drug and Law Exam** can be found on page 7 of this Fact Sheet. Candidates should complete the application as detailed in the instructions on the application. **Mail the completed exam application and fee to DANB at the address listed below.** There is no application deadline for taking computerized exams.

It is the candidate's responsibility to ensure that the application is complete. Candidates will be notified of incomplete status by letter only. Personal phone calls will not be made.

Send or fax your application to DANB **only once**. Do not panic and mail a copy of your faxed application, or fax a copy of your mailed application. **If two (2) applications are received, the candidate will then have two (2) records and will be charged twice.** If this occurs, see DANB's Refund Policy (Section D).

You will receive a Test Admission Notice from DANB within four (4) weeks after DANB receives your application. This notice will give you all of the information you need in order to schedule your exam through DANB's national computerized vendor (Pearson VUE) using its toll-free hotline (1-800-525-2586). This toll-free line is available 7AM to 7PM CST, Monday through Friday. Alternatively, you can register online at www.pearsontesting.com immediately after receiving your Test Admission Notice.

Report any and all errors on your Test Admission Notice to DANB immediately at 1-800-FOR-DANB, before you call to schedule your exam.

Testing must be completed within the 60-day eligibility window listed on your Test Admission Notice. If the exam is not taken within this period, your entire application/exam fee will be forfeited. All exam appointments are scheduled on a first-come, first-served basis. For rescheduling and cancellation policies, see Section E of this Fact Sheet.



Dental Assisting National Board, Inc.® (DANB®)

444 N. Michigan Ave., Ste. 900 • Chicago, IL 60611

1-800-FOR-DANB • Fax: 312/642-8507

danbmail@danb.org • www.danb.org

Washington State Dental Hygiene Drug and Law Exam

B. Testing Centers

DANB has contracted with a national computerized testing vendor to administer the Washington State Dental Hygiene Drug and Law Exam. This allows candidates flexibility in scheduling dates and times. The exam is offered at the area locations listed below. If you are interested in taking the exam outside the area shown, contact DANB for a list of national computer test sites. Because test site deletions and additions may occur without notice, DANB cannot guarantee the availability of specific test center locations or times.

Washington: Renton, Spokane, Yakima

Oregon: Beaverton, Medford, Salem

C. Exam Fee

Washington Dental Hygiene Law Exam

Total Fee: \$80

(includes \$30 exam fee and \$50 nonrefundable application fee)

Payment must accompany the application.

D. Payment and Refund Policies

All incomplete applications are returned to the sender along with a letter indicating that the application is incomplete. A refund of the submitted fee, minus the \$50 nonrefundable application fee, is sent within 30 days of notice of incomplete application. Refunds will be made only to the originator of the payment, regardless of whether it is the applicant or not.

An application is considered incomplete if it is missing information or documentation, including, but not limited to: Social Security number, complete name and address, signature, or appropriate exam fee. A candidate who wishes to reapply with a complete application, or who fails the exam and wishes to retake it, must complete a new application form and pay the full application/exam fee.

If two applications are received, DANB processes both applications and the candidate will have two (2) records and will be charged twice. When the two records appear in the application process, DANB automatically cancels one of the applications and returns it to the candidate. DANB then issues a refund within 30 days of the notice of the returned, duplicate application, minus the \$50 nonrefundable application fee.

Original Payment by Check: All payments made by check will be held a minimum of 10 days from the date of DANB receipt to ensure that the check clears the bank before a refund is issued.

If a candidate applies for a computerized exam with a check that does not have sufficient funds to cover the fee, DANB will notify the candidate that they will not be allowed to take the exam until a cashier's check or money order for the full application/

exam fee plus a \$25 NSF (Non-Sufficient Fund) fee has been received. DANB must receive the full payment within 30 days or the application is null and void. If the candidate reapplies for the exam, the full application/exam fee in addition to both a \$25 NSF fee and a \$50 processing fee will be required. A candidate cannot reschedule for any additional DANB exams or purchase any DANB materials until the service fee is paid.

Original Payment by Credit Card: If a candidate paid for a DANB exam by credit card and requires a refund, DANB will credit the payor's credit card for the balance remaining after the \$50 non-refundable application fee is deducted.

E. Rescheduling and Cancellation Policies

All rescheduling or cancellation requests must be made to DANB as described below. DANB Request forms are available on the DANB website (www.danb.org), or by calling 1-800-FOR-DANB.

Regardless of who paid for an exam, only a registered candidate can reschedule or cancel an exam.

Rescheduling a Computerized Exam: If a candidate has scheduled a computerized exam appointment and wishes to reschedule to a later date within their 60-day eligibility window, they **must call the national computerized vendor**, Pearson VUE, at its toll-free hotline (1-800-525-2586; not the test site phone number) **at least two business days before the scheduled exam**. The appointment will be rescheduled at no additional fee.

Rescheduling a Computerized Exam Eligibility Window: If a candidate cannot schedule or reschedule a computerized exam before the end of their 60-day eligibility window and would like to reschedule their exam window for a fee of \$35, they **must COMPLETE ALL OF THE FOLLOWING STEPS at least two business days before the end of their 60-day eligibility window:**

STEP 1: If an exam appointment has been scheduled, the candidate must contact Pearson VUE at its toll-free hotline (1-800-525-2586; not the test site phone number) to cancel **at least two business days before the scheduled appointment**. Failure to cancel a scheduled exam will result in forfeiture of the full application/ exam fees and the application is null and void. The candidate must reapply.

STEP 2: Contact DANB at 1-800-FOR-DANB to request a new eligibility window and a *Request to Reschedule a Computerized Exam Eligibility Window* form.

STEP 3: Submit the completed request form to DANB (via mail or fax) **along with a \$35 rescheduling fee** in the time specified above. **Important note:** Rescheduling after a candidate does not appear at a scheduled appointment is prohibited. Failure to appear at the scheduled time causes forfeiture of the full application/exam fees and the application is null and void. The candidate must reapply. (See "Failure to Appear," below.)

Washington State Dental Hygiene Drug and Law Exam

Late Arrival: If a candidate arrives more than 15 minutes after a scheduled appointment, they will be accommodated at the discretion of the Test Center Administrator. If the Test Center Administrator is unable to accommodate the latecomer, the candidate then forfeits the full application/exam fees and the application is null and void. The candidate must reapply with a new application form and full fee.

Failure to Appear: If a candidate fails to appear for a scheduled exam, they forfeit the full application/exam fees and the application is null and void. The candidate must reapply with a new application form and full fee.

Rescheduling Any DANB Exam Due to an Emergency: If a candidate experiences a personal emergency and is not able to take an exam, they **must contact DANB** at 1-800-FOR-DANB at the first available opportunity within 30 days of the scheduled exam date. If a candidate is not able to take a scheduled computerized exam, they must **also** contact Pearson VUE at its toll-free hotline (1-800-525-2586, not the test site phone number). DANB will only consider scheduling a new exam date or exam window once a candidate submits a *Request to Reschedule Due to an Emergency* form (explaining the nature of the emergency that prevented them from taking the scheduled exam, including documents supporting the emergency claim). The request form **must be received by DANB** (via mail or fax) **within 30 days of the scheduled exam date or exam window**. (Call 1-800-FOR-DANB with any questions about what constitutes an emergency and appropriate supporting documentation.) Approved requests will be rescheduled at no additional fee.

Cancelling a Computerized Exam: If a candidate has submitted an application for a computerized exam and wishes to **cancel** (not reschedule), the candidate forfeits the full application/exam fees and the application is null and void. **No refunds are given for cancelled exams** due to the fact that DANB's nonrefundable application fee of \$50 and cancellation fee of \$35 totals more than the Washington Dental Hygiene Law Exam fee of \$80.

F. Exam Expectations

Exam Time Schedule: The candidate will be scheduled for forty-five (45) minutes for the exam, plus time for a brief introductory lesson and an exit survey.

What to Bring: You must bring your **Test Admission Notice** and **two forms of identification** to the exam site (see below for specific identification requirements). No reference materials or notes are to be brought to the exam area. No visitors or unauthorized individuals will be permitted in the computer center during testing sessions.

Identification Requirements: The computer center will request **two forms of identification** when the candidate arrives; one with a photo and a signature and a second with either a signature or your name imprinted on it. Candidates will be electronically fin-

gerprinted and photographed for identification purposes only. Candidates may also be video/audio recorded during the exam.

The name on both forms of identification MUST match your Test Admission Notice EXACTLY in order for you to be able to test. This is especially important for candidates with hyphenated last names. Report any and all errors on your Test Admission Notice to DANB immediately at 1-800-FOR-DANB, before you call to schedule your exam.

Acceptable forms of identification include: valid driver's license, current state ID, Social Security card, current military ID, valid passport, and credit card. **The computerized testing vendor only accepts current, non-expired ID bearing the same name as the candidate is registered under. If you recently changed your name, and your IDs have not yet been changed, contact DANB before making an appointment to find out how to proceed.**

Failure to Bring Proper Identification: A candidate without proper ID will not be seated for the exam. The application will be considered null and void, and the full application/exam fee will be forfeited. The name on the candidate's identification **must** match the name on the Test Admission Notice, or the candidate will not be admitted to the exam. The application will be considered null and void, and the full application/exam fee will be forfeited.

Late Arrival/Failure to Appear: See Section D, "Payment and Refund Policies."

Exam Tutorial: It is strongly recommended that candidates participate in the on-screen tutorial immediately preceding the exam questions. The time a candidate spends on the tutorial will not be counted as part of his/her exam time period. The tutorial describes how to mark answers, skip items, and return to questions. This tutorial is also available on the DANB website (www.danb.org). DANB does not make free retest accommodations for candidates who do not complete this tutorial and consequently fail to correctly mark their answer choices.

G. Improper Behavior

Improper Behavior Before and During the Exam: The performance of all candidates taking the exam will be monitored. Candidates are responsible for protecting the integrity of their answers. Test center personnel will notify DANB of any candidate who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the clinical exam. Those candidates may be required to cease taking the exam and leave the test center. Test center personnel will follow up with a written report to DANB regarding the incident.

After reviewing the reported incident, DANB will determine whether there is reason to believe that a candidate has engaged in cheating or other improper behavior, or has otherwise violated the security of the exam. If DANB determines that there is reason to so believe, it may, at its discretion, pursuant to the

(continued)

Washington State Dental Hygiene Drug and Law Exam

procedures set forth in the DANB Discipline Policy and Procedures, take any of the following disciplinary actions:

1. Order the candidate to retake the exam at a time and place to be determined by DANB
2. Refuse to release, or invalidate, the score of the candidate
3. Deny the candidate's current application for certification
4. Require the candidate to wait a specified period of time before reapplying to take the exam
5. Revoke the candidate's eligibility to sit for future exams
6. Take a combination of any of the above actions or such other action that DANB may deem appropriate in the particular circumstances before it.

If an examiner allows a candidate to take an exam for which he or she is not registered, those results will not be scored. The candidate will be required to apply with an exam application and payment of the full exam fee plus processing fee.

Improper Behavior After the Exam: Any individual who removes or attempts to remove testing-related materials from the test center, or who reproduces, distributes, displays, or otherwise misuses a test question or any part of a test question from an exam, will be subject to legal action.

Any candidate or certificant who engages in such improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification.

Note: DANB's Discipline Policy and Procedures are available on the DANB website (www.danb.org) or from DANB upon request (1-800-FOR-DANB).

H. Nondiscrimination Policy

DANB does not discriminate in application, examination, or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation, or disability.

I. Testing Candidates with Disabilities

Exams are designed to provide an equal opportunity for all candidates to demonstrate their knowledge and ability. The exam will be administered to best ensure that it accurately reflects a candidate's aptitude, achievement level, or other skills intended to be measured, rather than reflecting a candidate's impaired sensory, manual, or speaking skills except where those skills are factors the exam purports to measure.

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accord with this Act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to persons with disabilities. If auxiliary aids or alternative arrangements are required, DANB will attempt to make the nec-

essary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to the disabled candidate.

To allow sufficient time to make the necessary arrangements for modification or auxiliary aid, the candidate **must** complete and submit DANB's *Special Accommodations Request* form (see page 9 of this Fact Sheet) **with** the application, specifying exactly what aid or modification is requested and signed by a physician or psychologist. **DANB will only accept the *Special Accommodations Request* form found on page 9.**

DANB reserves the right to authorize the use of auxiliary aids/modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Special accommodations will not be approved for candidates who request accommodations because English is a second language. Call 1-800-FOR-DANB x450 for complete guidelines.

J. Hand Scoring/Appeals

Hand Scoring: DANB will hand score an exam for \$25. A candidate must submit a *Request for Hand Scoring of Exam Results* form along with a \$25 hand scoring fee so that it is received by DANB (via mail or fax) within 60 days after the official score date printed on the score report or certificate received. Results of the hand scoring of the exam are typically completed within 45 days of receipt of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$25 fee will be refunded to the candidate. Requests for hand scoring of an exam will not be honored after 60 days from the official score date.

Appeals: If a candidate believes his/her scores were not properly recorded or wishes to appeal DANB policies relative to eligibility, administration, or exam content, he or she may submit a *Request for Appeal* form, along with a \$25 appeal fee, to DANB's Executive Director within 30 days of the date on the DANB correspondence that prompts the candidate to appeal (i.e. date on the letter indicating candidate's application was incomplete, date on candidate score/result letter). For the policy governing these waivers, contact DANB's Manager, Executive Liaisons, at 1-800-FOR-DANB, ext. 431, or visit the DANB website at www.danb.org.

K. Retest Policy

Candidates who fail to pass the exam and wish to retake it must obtain a new application from the Washington State Department of Health by calling 360-236-4700. A new, completed application must then be submitted to DANB.

Washington State Dental Hygiene Drug and Law Exam

L. Contacting DANB

Name/Address Changes: It is the candidate's responsibility to notify DANB of name and/or address change or any spelling errors in the candidate's name. Contact DANB at 1-800-FOR-DANB, danbmail@danb.org, or the address on the front cover of this Fact Sheet. If this notification is provided after scores have been printed and mailed, the candidate must then submit a *Request for a Duplicate Score Report* form and a \$25 fee to DANB.

Results that are returned because of an undeliverable address will be held in the DANB office for 90 days. An attempt will be made during those 90 days to contact the candidate by telephone to request a new mailing address. Once the 90-day period expires, DANB will destroy the original results. If a candidate contacts DANB with a name or address change after the 90-day period, DANB will release new results after the candidate submits a *Request for a Duplicate Score Report* form and a \$25 fee.

E-mail Policy: DANB has established the following e-mail policy:

- All communications sent to/from DANB are the property of DANB.
- DANB cannot guarantee that the individual e-mail messages will remain confidential, as they are sent over unsecured methods of communication. As such, clients have no expectation of privacy with respect to items sent/received.
- DANB may also disclose any e-mail messages as necessary to comply with legal processes.
- DANB will attempt to respond to received e-mail messages within two business days of receipt. Some responses may take longer, but those individuals will receive phone calls, if a phone number is provided.

You are asked to call 1-800-FOR-DANB if your e-mail has not been answered in one week or more.

Washington State Dental Hygiene Drug and Law Exam

Application Agreement

Please read the following statements carefully.

Candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc.(DANB) for examination by DANB and issuing of my exam scores to the Washington State Dental Health Care Quality Assurance Commission in accordance with and subject to the procedures and regulations of DANB and the Washington State Dental Health Care Quality Assurance Commission. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in DANB's Washington Dental Hygiene Drug and Law Examination Fact Sheet covering the administration of the Washington Dental Hygiene Drug and Law Examination and DANB policies. I agree to disqualification from the examination and to forfeiture and return to DANB of any scores granted me by the Washington State Dental Health Care Quality Assurance Commission based on DANB exam scores in the event that any of the answers or statements made by me in this application are false or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners, and agents, from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any examination given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such certificate and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost, or expense, including attorneys' fees, arising out of or in connection with said certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR THE WASHINGTON DENTAL HYGIENE DRUG AND LAW EXAMINATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL.
3. I understand that, except as provided below, this application and any information or material received or generated by DANB in connection with this application or the examination process will be kept confidential and will not be released unless I have authorized such release or the release is required by law.
4. I authorize DANB to release my examination score(s) to state reporting agencies. I also authorize DANB to use information from my application and examination(s) for statistical analysis, providing that any personal identification is deleted.
5. I understand that I can be disqualified from taking or continuing to sit for an examination and from receiving examination scores if DANB determines through proctor observation, statistical analysis, or any other means that I was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of or following the examination.
6. I understand that the content of the DANB examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying, or disclosure of any DANB examination materials, including but not limited to the content of any examination question, before, during, or after the examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of exam scores.
7. I understand that for each application submitted DANB will process the appropriate payment. If I fail to show up for an examination for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full examination fee. I further understand that taking the examination, and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the examination whether I pass or fail. I agree not to dispute the examination fee. Passing candidates will not be eligible to retain their scores if the examination fee is not paid in full.



2006 State Washington Dental Hygiene Drug and Law Exam Application

APPLICATION AND EXAM FEES VALID THROUGH MARCH 31, 2007

Fee: \$80

(includes \$30 exam fee and \$50 nonrefundable application fee)

Instructions:

1. Carefully read Application Agreement (on Page 6)
2. Complete all items on the application below. (Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
3. Mail/fax the completed application to DANB with the \$80 application/exam fee or credit card information.
Note: The \$50 application fee is not refundable.
4. In approximately four (4) weeks, a Test Admission Notice will be mailed, allowing the candidate to call and schedule the testing date. Candidates are encouraged to call early, as centers and dates fill quickly.
Testing must be completed within the 60-day period indicated on the Test Admission Notice.

Candidate Information

Please print clearly

Candidate's SS#: _____ - _____ - _____

Candidate's Name _____
(Last) (First) (Middle Initial)

Candidate's Address _____

Candidate's City _____ State _____ Zip _____

Candidate's Phone Number(s) Office (____) _____ Home (____) _____

Candidate's Email Address _____

Candidate's Prior Name, if any _____

I work in a: ☐ general dental office ☐ specialty dental practice ☐ other (please specify) _____

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and will comply with all DANB policies and procedures. I further affirm that I have read and understood the application statements contained on page 6, and I intend to be legally bound by them. I understand that the \$50 application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the examination; and I herewith enclose the examination fee. I hereby agree that prior to examination or subsequent to my exam, the Washington State Dental Health Care Quality Assurance Commission or DANB may investigate my eligibility and may refuse to issue examination and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Candidate's Signature *X* _____ Date _____

Select Payment Option

☐ Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB
Checks must include candidate's name and Social Security Number, and the name of the exam.
Washington Dental Hygiene
Law Exam
☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Exam Code 3935

Credit Card Authorization: Allows DANB to charge your credit card account. Please complete all information.Credit Card Account Number _____ Expiration Date: ____/____/____ Amount: \$80.00

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges intent to register for the aforementioned DANB examination in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the examination administration shall be used to indicate receipt of purchase. Candidates who fail to show up for the examination for which they registered and have not cancelled their examination as described in this Guide are still required to pay for the examination. (See Application Statements, page 6, for further requirements).

**Dental Assisting National Board, Inc. (DANB®)**

444 N. Michigan Ave., Ste. 900 • Chicago, IL 60611

1-800-FOR-DANB • Fax: 312/642-8507

danbmail@danb.org • www.danb.org

Washington State Dental Hygiene Drug and Law Exam

Exam Checklist

Have you:

- ☐ Read the instructions and information in this Fact Sheet?
- ☐ Read and agreed to be bound by Washington and DANB rules, regulations, policies, and procedures as noted in this Fact Sheet? (See Application Agreement, page 6.)
- ☐ Filled out the Exam Application in its entirety?
- ☐ Signed the Exam Application?
- ☐ Enclosed the application and exam fee (\$80.00) or provided credit card information?
- ☐ Enclosed the Special Accommodations Form, if needed? Note: Candidates applying under the *Americans with Disabilities Act* should refer to Section I: Testing Candidates with Disabilities on page 4.
- ☐ Made a copy of your entire application packet for your records?
- ☐ Addressed your envelope?
Dental Assisting National Board (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

OR prepared your information (credit card payments only) to be faxed to the Dental Assisting National Board, Inc. (DANB) at (312) 642-1475?

If you have not

- completed the application in full,
- enclosed and signed your application, or
- provided payment (check, money order, cashier's check) or payment information (credit card),

your application will be considered incomplete and will not be processed.

Incomplete applications will be returned and your \$40 application fee retained.

Special Accommodations Form *(must be submitted with exam application)***Washington State Dental Hygiene Drug and Law Exam****(For candidates covered by the Americans with Disabilities Act ONLY)**

To be completed by the Candidate's physician, psychologist, or another professional qualified to diagnose disabilities. ***A license number must be provided.*** Complete and submit **all** information with the candidate's application to be considered for **ALTERNATE** arrangements for the test administration. *Contact Kathy Brown, DANB's Assistant Director of Test Administration and Staff Technical Advisor, with any questions (1-800-FOR-DANB, x450).*

Candidate Information**PLEASE PRINT CLEARLY**

Candidate's Name _____ (Last) _____ (First) _____ (MI) Candidate's SS#: _____ - _____ - _____

Candidate's Address _____

Candidate's City _____ State _____ Zip _____

Candidate's Phone Number(s): Office (____) _____ Home (____) _____

Email: _____

Physician, Psychologist, or Other Qualified Professional Information

Name _____ (Last) _____ (First) _____ (MI) Degree(s) Held: _____

Address _____

City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____

Email: _____

Nature of the Disability

Please describe the nature of the disability (include DSM-IV-TR [text revision] code, if available) _____

Special Accommodation Needs**CHECK ALL THAT ARE REQUIRED:**

- ☐ Reader (a separate room will automatically be provided)
- ☐ Separate room (if available) *Computer testing facilities can provide earplugs.*
- ☐ Additional time—Specify the greatest amount of time needed below:
- ☐ Additional 30 minutes
- ☐ Additional time and a half
- ☐ Additional double time

☐ Other accommodations (if available) Specify here: _____

English as a second language does not qualify for a special accommodation.

Signature of physician, psychologist, or other professional qualified to diagnose disabilities

License Number **(must be included)**

Date

If ALL of the above information is not disclosed or this form is not submitted with the candidate's application, DANB WILL NOT consider the request for an accommodation.

**Dental Assisting National Board, Inc.® (DANB®)**

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danbmail@danb.org • www.danb.org

